



Wisconsin Medicaid Fact Sheet

Wisconsin Well Woman Medicaid

Wisconsin Well Woman Medicaid provides full Medicaid benefits to underinsured or uninsured women under age 65 who are screened through the Wisconsin Well Woman Program and are in need of treatment for breast or cervical cancer.

To be eligible for Wisconsin Well Woman Medicaid a woman must meet all of the following criteria:

- Meet the income and other requirements for the Wisconsin Well Woman Program.
- Be at least 35 but under 65 years of age.
- Be a resident of Wisconsin.
- Be a citizen or qualifying alien.
- Provide a Social Security Number or apply for one.
- Not eligible for private or public health care coverage (this includes Medicaid or any of its subprograms, group health plans, health insurance, Medicare Parts A or B, veterans' benefits/CHAMPUS, HIRSP, federal employee health plans, Peace Corps health plans, or other public health plans.)
- Have been screened for breast or cervical cancer by the Wisconsin Well Woman Program (WWWP).
- Have a diagnosis of breast or cervical cancer, or a precancerous condition of the cervix, as identified by the screener.
- Require treatment for the breast or cervical cancer, or a precancerous condition of the cervix, as identified by the screener.

Presumptive Eligibility

Presumptive (temporary) eligibility provides immediate access to Medicaid covered services for Wisconsin Well Woman Medicaid recipients.

Presumptive (temporary) eligibility can begin immediately on the date of diagnosis from a "certified Medicaid provider" if a presumptive eligibility application is submitted by the provider.

Presumptive Eligibility lasts from the date of the diagnosis through the last day of the following calendar month.

In order for a woman to continue to receive Wisconsin Well Woman Medicaid the woman must apply for ongoing eligibility at the local county/tribal social or human services agency. Once eligibility has been determined a Forward card will be issued for all future Medicaid services.

If the woman does not apply at the local agency, her Medicaid benefit will end at the end of the month following the month of diagnosis.

Obtaining Services

When seeking services from a certified provider, the woman must bring the completed Wisconsin Well Woman Program (WWWP) enrollment form (DPH 4818) and the Wisconsin Well Woman Medicaid Determination Form (HCF 10075) to the appointment to show that she has applied for temporary Medicaid eligibility.

A woman, who is eligible for Wisconsin Well Woman Medicaid, will receive a Forward card to use to obtain covered services under Wisconsin Well Woman Medicaid. The Forward card is valid until:

- The woman reaches the age of 65 years.
- Moves out of state.
- No longer needs treatment for breast or cervical cancer, or
- Obtains health insurance or another type of Medicaid.

For more information contact the Wisconsin Women's Health Hotline at 1-800-218-8408.

Information provided in this document is general information. To find out more details regarding Wisconsin Well Woman Medicaid, please contact Wisconsin Woman's Health Hotline at 1-800-218-8408.

DHFS is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please contact (608) 266-3465 or (608) 266-2555 TTY. All translation services are free of charge.

For civil rights questions call (608) 266-3465 or (608) 266-2555.

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